



7. Date(s) and Place(s) of any previous marriages and divorces (please include all previous married names): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please provide the following information about all your child(ren), regardless of age:

Last Name	First	Middle	DOB	Sex	In Home ?	Yes or No
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

9. Please list other members of your household (including foster children):

Last Name	First	Middle	DOB	Relationship to you

10. Language spoken in the home? \_\_\_\_\_ Interpreter Needed? \_\_\_\_\_

11. Please list your employment history for the past three years.

Applicant #1:

<u>Employer</u>	<u>Address</u>	<u>Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>

Applicant #2:

<u>Employer</u>	<u>Address</u>	<u>Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>

12. Do you have any other source of income? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Have you, your partner, your child(ren), or any member of your household had any previous involvement with DCYF, including Juvenile Correction/Probation?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

14. Address for the Past 3-5 Years

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15. Have you, your partner, your child(ren), or any member of your household had any previous involvement with any Human Service Agency (Mental Health Clinic/Facility, Family Service Agency, Counseling Center, State Agency, etc.)? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

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16. Have you, your partner, your child(ren), or any member of your household ever been arrested, or charged by the police or been arraigned, indicted, or convicted of any offense ?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

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17. Do you or your partner have any chronic physical handicap or illness? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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18. Please list below all physicians with whom members of your family are involved:

Physician

Address

Family Member

Reason

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19. Please sign and date the enclosed Physician's Reference (DCYF #37), and return it with this application.

20. Do you own a gun? ☐ Yes ☐ No

If yes, please describe method of storage so as to be inaccessible to children:

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21. Was your residence built after 1978? ☐ Yes ☐ No

22. Do you own your own home? ☐ Yes ☐ No

23 Type of Housing (check all that apply): Single family ☐ Multi-family ☐ Section 8 ☐  
Public housing ☐ Subsidized housing ☐

24. How many rooms in your home? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_

25. What is your preference about children you would be willing to take into your home?  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Undecided \_\_\_\_\_

26. Have you ever cared for a child in your own home who is not related to you by blood or marriage?

☐ Yes ☐ No

If yes, please

explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully**

I/We, the undersigned, attest that the information contained in this application is complete and accurate. I/We understand that any false representation on this application may be cause for denial of the license which is sought or immediate revocation of any license or certification if it has been issued. I/We further understand that all members of my/our household will be cleared through the Division of Criminal Identification records and/or the local law enforcement authority and the records of the Department for Children, Youth and Their Families.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date